CLAIMS ONLY

Application Number	Filing Date
09/806801	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT								
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	1						51						
2		8					52						
3		2					53						
4							54						
5							55						
6		2					56						
7		2					57						
8		2					58						
9		2					59						
10		2					60						
11		2					61						
12		2					62						
13		2					63						
14		2					64						
15		2					65						
16		2					66						
17		2					67						
18		1					68						
19		2					69						
20		8					70						
21		2					71						
22		2					72						
23		2					73						
24							74						
25		2					75						
26		2					76						
27	1						77						
28		1					78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	2						Total Indep						
Total Depend	44						Total Depend						
Total Claims	46						Total Claims						